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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

00746 U.S. PTO
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CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that on **August 20, 2003** this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number **EU 725 534 861 US** addressed to Mail Stop Patent Application, Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.

Attorney Docket No. 0180.0046
First Inventor: William M. Pardridge
Title: IMMUNONANOPARTICLES

GAYLE VINSON

(Type or Print name of person mailing paper)

(Signature of person mailing paper)

MAIL STOP PATENT APPLICATION
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Transmitted herewith for filing in the above-identified patent application are:

<input checked="" type="checkbox"/> Transmittal/Fee Calculation	<input checked="" type="checkbox"/> Oath and Declaration [Total Pages 2]	<input type="checkbox"/> Copies of IDS References
<input checked="" type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Sequence Listing
<input checked="" type="checkbox"/> Specification [Total Pages 28]	<input type="checkbox"/> Assignment (incl. Cover Sheet)	<input type="checkbox"/> Computer-Readable Copy
<input checked="" type="checkbox"/> Drawings [Total Sheets 8]	<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)

FEE CALCULATION: The filing fee has been calculated as shown below:

For	Claims Filed	No. Extra	Small Entity Rate	Small Entity Fee	Standard Rate	Standard Fee
Basic Fee				\$375.00		\$750.00
Total Claims	50 - 20 =	30	x \$ 9.00	270.00	x \$ 18.00	
Independent Claims	1 - 3 =	0	x \$ 42.00	0.00	x \$ 84.00	
<input checked="" type="checkbox"/> Multiple Dependent Claims Presented			+ \$140.00	140.00	+ \$270.00	
			Total	785.00	Total	

METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge deficiency of indicated fees and credit any overpayments to:

Deposit Account No. **50-1811**

Deposit Account Name **David J. Oldenkamp**

- ☒ Charge any additional fees Required Under 37 CFR 1.16 and 1.17

- ☒ Applicant claims small entity status 37 CFR 1.27

☒ **Payment Enclosed:**

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other

Respectfully submitted,

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Dated: **August 20, 2003**